### Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER		:	(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:			
	393303		B. WING:		07/04/2023			
NAME OF PROVIDER OR SUPPLIER: CHILDREN'S HOSPITAL OF PHILADELPHIA, THE			STREET ADDRESS, CITY, STATE, ZIP CODE: 3401 CIVIC CENTER BLVD.					
STATE LICENSE NUMBER: 550401		PHILADELPHIA, PA 19104						
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	CORRECTIVE ACTION SH	CORRECTIVE ACTION SHOULD BE CO			
INITIAL COMMENT			P 0000					
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE				TITLE:	(X6) DATE:			
(AU) DATE.								
	VIDER OR SUPPLIER: N'S HOSPITAL OF PHILA E NUMBER: 550401  SUMMARY STATEMENT MUST BE PRECEDE IDENTIL  INITIAL COMMENT	JOBER OR SUPPLIER: N'S HOSPITAL OF PHILADELPHIA, THE  E NUMBER: 550401  SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)  INITIAL COMMENT	AUDER OR SUPPLIER: N'S HOSPITAL OF PHILADELPHIA, THE E NUMBER: 550401  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENT	A BLDG: B. WING: STREET ADDRESS, CITY, STATE, Z 3401 CIVIC CENTER BL PHILADELPHIA, PA 19  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENT  P 0000	A BLDG OF B WING.  ADDRESS CITY, STATE, ZIP CODE:  3401 CIVIC CENTER BLVD.  PHILADELPHIA, PA 19104  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENT  P 0000  A BLDG OF B WING.  STREET ADDRESS, CITY, STATE, ZIP CODE:  3401 CIVIC CENTER BLVD.  PHILADELPHIA, PA 19104  PROVIDERS PLAN OF CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE.  P 0000	A BLOG		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:			
					00	07/04/2023			
		393303		B. WING.		07/04/2023			
NAME OF PROVIDER OR SUPPLIER: CHILDREN'S HOSPITAL OF PHILADELPHIA, THE			3401 CIVIC C	STREET ADDRESS, CITY, STATE, ZIP CODE: 3401 CIVIC CENTER BLVD. PHILADELPHIA, PA 19104					
STATE LICENS	e number: <b>550401</b>								
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE				
P 0000	Continued from page 1			P 0000					
	This report is the result of an occupancy survey								
	conducted on June 28, 2023, and completed								
	off-site on July 10, 2023, at the Children's Hospital								
	Of Philadelphia-Main Campus (Phase 2), an								
	interior fit out of existing shell space for an existing								
	Magnetic Resonance Imaging (MRI) Unit-5								
	relocated from the Wood Building to the 2nd floor								
	Buerger Building, which also included renovations								
	for a MRI Control Room and MRI Equipment								
	room, and review of the following equipment:								
	MRI-5 Unit (SN:69664), Contrast Intravenous								
	Injector System (101493), Physiologic								
	Hemodynamic Monitor (MR400), Ferromagnetic								
	(Magnetism) Safety System (SN:								
	H2XB-220706-02, SL19041601), Respiratory								
	Ventilator (ASRJ-0021) and a Nurse Call System								
	(C-0156364-001-01). Based on the occupancy								
	survey, it was determined the facility was in								
	compliance with all ap	• •							
	Pennsylvania Departme								
	Regulations for Hospit		-						
	Subparts A and B, November 1987, as amended								
	June 1998 and the current edition of the Guidelines								

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### Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER  393303			(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00  B. WING:		(X3) DATE SURVEY COMPLETED: 07/04/2023		
NAME OF PROVIDER OR SUPPLIER: CHILDREN'S HOSPITAL OF PHILADELPHIA, THE  STATE LICENSE NUMBER: 550401		STREET ADDRESS, CITY, STATE, ZIP CODE: 3401 CIVIC CENTER BLVD. PHILADELPHIA, PA 19104					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENC MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
P 0000	Continued from page 2  for Design and Construction of Hospital and Health Care Facilities.		P 0000				

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# **Certified End Page**

## CHILDREN'S HOSPITAL OF PHILADELPHIA, THE

STATE LICENSE NUMBER: 550401 SURVEY EXIT DATE: 07/04/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

# **PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY